



MEDICAL BOARD OF CALIFORNIA
LICENSING PROGRAM
 1426 Howe Avenue, Suite 56
 Sacramento, CA 95825-3236
 (916) 263-2382 FAX (916) 263-2567
www.medbd.ca.gov



if you are retired, meet the requirements listed below and would like to apply for an exemption from payment of the renewal fee, complete the application below. If your medical license is currently delinquent, a payment of all accrued renewal fees, delinquent fee, and penalty fee must be submitted with the application. If your license is current no fee is required.

The holder of a retired license must still comply with Continuing Medical Education (CME) requirements, unless the holder has also applied for and has an approved CME waiver. If you wish to apply for a CME waiver, you must contact the Board for the appropriate forms. If you are **NOT** requesting a waiver - complete the CME and Financial Interest Statement on the reverse.

RETIRED PHYSICIAN APPLICATION FOR EXEMPTION FROM PAYMENT OF RENEWAL FEE		FOR OFFICE USE ONLY	
Please print or type. Illegible applications will be returned.		Fee Paid: _____ Receipt #: _____ Date Cashiered: _____ Cashier's Intl.: _____ Date Approved: _____ Date Denied: _____ Enforcement Approval: ____ Yes ____ No Date: _____	
Name (first, middle, last):			
Address: Is this address currently on file with the Medical Board as your official address of record? If not, complete reverse.			
Telephone Number: FAX Number (if applicable):	Telephone () FAX ()		
Date of Birth:			
Social Security Number:			
California Medical License Number:			
Have you practiced medicine in the State of California for at least 20 years? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Section 2439 of the Business and Professions Code provides an exemption from payment of the renewal fee if all the following requirements are met: <ol style="list-style-type: none"> 1. The licensee holds a California license; 2. The licensee has practiced medicine or podiatry for 20 years or more in California; 3. Has reached the age of retirement under the Social Security Act. 4. The licensee customarily provides services free of charge to any person, organization, or agency. If charges are made, the charges must be nominal and in no event shall the aggregate of such charges in any single calendar year be an amount which would result in the licensee's income making him or her ineligible for full social security benefits. <p align="center">To determine your eligibility under the Social Security Act, please contact your local Social Security Office.</p>			
I certify under the penalty of perjury under the laws of the State of California, that the information provided by the applicant is true and correct and that any information in supporting documents provided by the applicant is true and correct and that I am licensed to practice in the State of California.			
Applicant's Signature: _____ Date: _____			

All items in this application are mandatory; none are voluntary. This information is requested by the Division of Licensing of the Medical Board of California. Failure to provide any of the requested information will result in this application being rejected as incomplete. The information provided will be used to determine your eligibility for waiver of renewal fees, pursuant to Section 2439 of the Business and Professions Code. The Licensing Program Chief is the custodian of records. Access to records by the individual to whom they pertain may be obtained under the Information Practices Act by contacting the custodian of records at the above address. Information contained in this application may be transferred to other governmental or law enforcement agencies.

Disclosure of your Social Security number (SSN) or Federal Employer Identification Number (FEIN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94.455 (42 USCA 405(c)(2)(C)) authorize collection of your SSN. Your SSN or FEIN will be used for tax enforcement purposes, for purposes of compliance with any judgement or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN or FEIN, your application will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

BOTH PAGES OF THIS FORM MUST BE COMPLETED

CURRENT MAILING ADDRESS

☐ **Check here if this is a change of address** so that your record can be updated.
If this is a U.S. Postal Service, P.O. box, you must list a confidential street address.

FINANCIAL INTEREST

If you have any financial interest to report, please complete the portion below. If not, check box to the right.
(Attach additional sheet(s), if necessary.)

☐ No

California's Financial Interest Disclosure law (Business and Professions Code section 2426) requires you to disclose any financial interest that you or your immediate family have in specified health-related facilities located in or outside the State of California. Immediate family means a spouse, child or parent of a licensee, and a spouse of a child of a licensee.

Financial interest includes any type of ownership interest including share or stock ownership, limited partnership interest, debt, loan, lease, compensation, remuneration, general or limited partnership interest, discount, rebate, refund, dividend, distribution, subsidy, or other form of direct or indirect payment of money or anything else of value to a licensee or the licensee's immediate family from a health-related facility.

Health-related facility means any facility that provides clinical laboratory services, radiation oncology, physical therapy, physical rehabilitation, psychometric testing, home infusion therapy, diagnostic imaging, or outpatient surgery centers. Diagnostic imaging includes all x-ray, computed axial tomography, magnetic resonance imaging, nuclear medicine, positron emission tomography, mammography and ultrasound goods and services.

A financial interest does not include the ownership of corporate investment securities, including shares, bonds, or other debt instruments that (1) are purchased from a licensed securities broker on terms available to the general public through a licensed securities exchange or NASDAQ, (2) do not base any profit distributions or other transfers of value on the licensee's referral of patients, (3) does not have a separate class or accounting for any persons or licensees who may make patient referrals to the corporation, and (4) are in a corporation which has total gross assets exceeding \$100,000,000.

Health-Related Facility Name(s)

Facility's Address

I certify under the penalty of perjury under the laws of the State of California that I read and understand the information defining financial interest and that I have disclosed on this application the names of those health-related facilities in which I or my family has a financial interest.

Applicant's Signature: _____

Date: _____

CME CERTIFICATION STATEMENT

In order to insure the continuing competence of licensed physicians and surgeons, the Division of Licensing shall adopt and administer standards for the continuing education of such licensees. The division shall require each licensed physician and surgeon to demonstrate satisfaction of the continuing education requirements at intervals of not less than four nor more than six years.

I certify under the penalty of perjury under the laws of the State of California that I read and understand the continuing medical education (CME) requirements, have completed and can document (if audited) an average of 25 hours of approved CME each calendar year, with 100 hours over the last 4 years or that I hold a CME waiver from the Medical Board of California.

Applicant's Signature: _____

Date: _____